

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION	1. DATE OF INCIDENT <b>11-SEP-2015</b>	TIME <b>00:22:00</b>	2. ADDRESS OF OCCURRENCE <b>4222 W CERMAK RD CHICAGO, IL 60623</b>	3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>1012</b>								
	5. POSITION <b>9161</b>	6. LAST NAME <b>ZAYAS</b>	7. FIRST NAME <b>ALBERTO H</b>	8. STAR NO. <b>10661</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>1977</b>	12. HT <b>505</b>	13. WT. <b>168</b>				
	14. DATE OF APT. <b>05-DEC-2005</b>	15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>010 1012R</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME <b>COOK</b>	21. FIRST NAME <b>ELI</b>	22. M.J. <b>O</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT <b>1979</b>	27. WT. <b>508</b>	28. WT. <b>165</b>				
	29. ADDRESS <b>4255 W 21ST ST CHICAGO, IL 60623</b>	30. TELEPHONE NO. [REDACTED]	31. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	34. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>	35. BY WHOM? [REDACTED]	36. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	37. CHARGES PLACED <b>720 ILCS 550.0/4-A, 8-4-030, 720 ILCS 5.0/31-1-A</b>	38. DNA [REDACTED]	39. CB NO. <b>19185736</b>	40. IR NO. [REDACTED]	41. DNA [REDACTED]					
	42. REASON FOR USE OF FORCE (Check all that apply)		43. SUBJECT'S ACTIONS		44. MEMBERS RESPONSE		45. ASSAULTANT:ASSAULT		46. ASSAULTANT:BATTERY		47. ASSAULTANT:DEADLY FORCE		
	PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULTANT:ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ASSAULTANT:BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAULTANT:DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____				
	<input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input checked="" type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER _____				
	48. WEAPON DISCHARGE INCIDENT		49. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>C62004RWT</b>		50. ADDITIONAL INFORMATION		51. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		52. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		53. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		54. WEATHER CONDITIONS <b>CLEAR</b>
55. POSITION		56. STAR NO.		57. UNIT		58. PROPERTY INVENTORY NO.		59. TYPE OF AMMUNITION USED		60. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		61. CALIBER/GAUGE	
62. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		63. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		64. NO OF CARTRIDGES/SHOT SHELLS RELOADED		65. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.	
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		70. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		71. EVENT NO. <b>1525400246</b>		72. CASE INFO.		73. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> 01 OEMC <input checked="" type="checkbox"/> 02 DSS & LT/DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> 01 OEMC <input type="checkbox"/> 02 DSS/DIST. OF OCCUR & OCIC		74. SIGNATURE [REDACTED]		75. R.D. NO. <b>HY418735</b>	
76. MEMBERS will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		77. REPORTING MEMBER (Print Name) <b>ZAYAS, ALBERTO H</b>		78. STAR/EMPLOYEE NO. <b>10661</b>		79. DATE REVIEWED <b>11-SEP-2015 05:05:01</b>		80. REVIEWING SUPERVISOR (Print Name) <b>ORTEGA, ELVIS</b>		81. TIME <b>05:09:27</b>		82. REVIEWING SUPERVISOR (Print Name) <b>ORTEGA, ELVIS</b>	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
73. REVIEWING SUPERVISOR (Print Name) <b>ORTEGA, ELVIS</b>													
74. STAR NO. <b>1092</b>													
75. SIGNATURE [REDACTED]													
76. DATE REVIEWED <b>11-SEP-2015 05:09:27</b>													
77. TIME <b>05:09:27</b>													
78. REVIEWING SUPERVISOR (Print Name) <b>ORTEGA, ELVIS</b>													
79. SIGNATURE [REDACTED]													
80. LOG# <b>1079273</b>													
81. Attachment# <b>8</b>													

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

At 0515 Hrs. Subject Cook stated to R/Lt in the 010th District processing area that he was celebrating with friends and removed the bottle of alcohol, which Officer Zayas instructed him to not touch. He furthered that he then tried to flee on foot as the Officer told him to stop and was then stuck by a taser.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's admission and the Officer's sworn reports, R/Lt concludes that the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1077101 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

DATE COMPLETED

TIME

11-SEP-2015 05:22:29

79. TOTAL TRR's THIS EVENT No